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## Table of Contents

**State/Territory Name:** Utah

**State Plan Amendment (SPA) #:** UT-13-033

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1600 Broadway, Suite 700  
Denver, CO 80202-4967



## Region VIII

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November 27, 2013

W. David Patton, Ph.D.  
Utah Department of Health  
288 North 1460 West  
PO Box 143102  
Salt Lake City, UT 84114

RE: Utah #13-033

Dear Dr. Patton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-033. This State Plan Amendment concerns the State's disregard of all income and resources of a child for whom there is a State adoption assistance agreement.

Please be informed that this State Plan Amendment was approved November 22, 2013 with an effective date of December 13, 2013. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Mandy Strom at (303) 844-7068.

Sincerely,

/s/

Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid and Children's Health

CC: Michael Hales, Medicaid Director, UT  
Craig Devashrayee, UT

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
13-033-UT
2. STATE:  
Utah
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
4. PROPOSED EFFECTIVE DATE  
December 31, 2013

TO: REGIONAL ADMINISTRATOR  
HEALTHCARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One)

- NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT
- COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
  
1902(a)(10)(A)(ii)(VIII) of the Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2014 \$0  
b. FFY 2015 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 14 of ATTACHMENT 2.2-A  
Page 2 of SUPPLEMENT 8a to ATTACHMENT 2.6-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Page 14 of ATTACHMENT 2.2-A  
Page 2 of SUPPLEMENT 8a to ATTACHMENT 2.6-A

10. SUBJECT OF AMENDMENT: State Disregard of Income and Resources

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: W. David Patton, Ph.D.

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: November 20, 2013

16. RETURN TO:

Craig Devashrayee, Manager  
Technical Writing Unit  
Utah Department of Health  
PO Box 143102  
Salt Lake City, UT 84114-3102

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17. DATE RECEIVED:

11/20/13

18. DATE APPROVED:

11/22/13

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

12/31/13

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

RICHARD C. ALLEN

22. TITLE:

ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

COVERAGE AND CONDITIONS OF ELIGIBILITY

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(10)  
(A)(ii)(VIII)  
of the Act

- X 8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--
- a. Was eligible for Medicaid under the State's approved Medicaid plan; or
  - b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--  
\_\_\_ 21  
\_\_\_ 20  
\_\_\_ 19  
X 18

See Page 2 of SUPPLEMENT 8a to ATTACHMENT 2.6-A for eligibility criteria.

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T.N. # 13-033

Approval Date 11/22/13

Supersedes T.N. # 91-021

Effective Date 12-31-13

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

MORE LIBERAL METHODS OF TREATING INCOME  
UNDER SECTION 1902(r)(2) OF THE ACT

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To determine eligibility for the following eligibility groups, all wages paid by the Census Bureau for temporary employment related to census taking activities, including any preliminary activities carried out by temporary census takers in preparation of the census, are excluded.

- Qualified children and pregnant women under 1902(a)(10)(A)(i)(III)
- Poverty level pregnant women and infants (133% -185% FPL) under 1902(a)(10)(A)(i)(IV)
- Poverty level children aged 1 up to age 6 (133% FPL) under 1902(a)(10)(A)(i)(VI)
- Poverty level children aged 6 up to age 19 (100% FPL) under 1902(a)(10)(A)(i)(VII)
- Optional categorically needy groups under 1902(a)(10)(A)(ii) as listed below:
  - 1902(a)(10)(ii)(I): caretaker relatives defined by 1905(a)(ii), pregnant women defined by 1905(a)(viii), (42 CFR 435.210) and children defined by 1905(a)(i) (42 CFR 435.222)
  - 1902(a)(10)(A)(ii)(IV) (42 CFR 435.211)
  - 1902(a)(10)(A)(ii)(X)
  - 1902(a)(10)(A)(ii)(XIII)
  - 1902(a)(10)(A)(ii)(XVII)
- Medically Needy under 1902(a)(10)(C)(i)(III)
- QMBs, SLMBs, and QIs under 1905(p)

To determine eligibility of children under 1902(a)(10)(A)(ii)(VIII) of the Act, the State disregards all income and resources of a child for whom there is a State adoption assistance agreement in effect (other than under Title IV-E of the Act).

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T.N. # 13-033

Approval Date 11/22/13

Supersedes T.N. # 09-006

Effective Date 12-31-13